

## 12.c. Prosthetic Devices

## Hearing Aids

For Medicaid recipients age 21 years and older, hearing aid services are limited to hearing evaluations only. In accordance with the specifications, limitations and other conditions established by the single state agency, payment will be made for appropriate hearing evaluations.

Recipients under the age of 21 years and eligible for EPSDT services may receive hearing evaluations, hearing aids, and follow-up visits when hearing loss and the need for a hearing aid have been determined by a physician licensed to practice medicine or osteopathy in the state where and when the service is performed. Hearing aid services must be furnished by approved providers. Providers must meet applicable Federal and State licensing laws and rules where, when, and for the service(s) provided. In addition, audiologists must be currently certified by the American Speech-Language Hearing Association or meet the Association equivalency requirements.

SUPERSEDES: CN- 96-17

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\* Durational, dollar, and quantity limits are waived for recipients of EPSDT services. Services allowable under Medicaid laws and regulations may be covered when medically necessary for these recipients.

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## 12.d. Eyeglasses.

Eyeglasses are provided with limitations. These services are available to EPSDT eligible recipients as described in section 4.b. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements.

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State/Territory: Texas

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services
- /X / Provided      // No limitation      /X / With limitations\*
- b. Optometrists' Services
- /X / Provided      // No limitation      /X / With limitations\*
- c. Chiropractors Services
- /X / Provided      // No limitation      /X / With limitations\*
- d. Other Practitioners Services
- /X / Provided      // No limitation      /X / With limitations\*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
- /X / Provided      // No limitation      /X / With limitations\*
- b. Home health aide services provided by a home health agency.
- /X / Provided      // No limitation      /X / With limitations\*
- c. Medical supplies, equipment, and appliances suitable for use in the home
- /X / Provided      // No limitation      /X / With limitations\*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
- /X / Provided      // No limitation      /X / With limitations\*

\* Description provided on attachment

SUPERSEDES TN 92-18

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S):

- c. Prosthetic devices.  
/X/ Provided // No limitation / X/ With limitations\*
- d. Eyeglasses.  
/ X/ Provided // No limitation / X/ With limitations\*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.  
// Provided // No limitation // With limitations\*  
/X/ Not provided.
- b. Screening services.  
// Provided // No limitation // With limitations\*
- c. Preventive services.  
// Provided // No limitation // With limitations\*
- d. Rehabilitative services.  
/x/ Provided // No limitation // With limitations\*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.  
/ X/ Provided // No limitation // With limitations\*
- b. Skilled nursing facility services.  
/X/ Provided // No limitation // With limitations\*

\* Description provided on attachment

SUPERSEDES: TN- 99-09

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## 6.a. Podiatrists' Services.

Provided with limitations. Services provided by a licensed podiatrist are available to EPSDT eligible recipients under the age of 21 years. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements.

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## 6.b. Optometric Services

Eligible medical assistance recipients covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program receive optometric and eyeglasses services through the EPSDT program as described elsewhere in this State Plan. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements. Eligible medical assistance recipients not eligible for the EPSDT program will be entitled to optometric services as described below and elsewhere in this State Plan, when provided by a physician or optometrist enrolled in the Texas Medical Assistance Program at the time the service(s) is provided.

Optometric services are limited to eye examinations only. Each eligible recipient, other than EPSDT recipients, is entitled to one eye exam with refraction every two state fiscal year period (a 24 consecutive months biennial period from September 1, through August 31), whether performed by a Doctor of Optometry or a physician (M.D. or D.O.). Except for EPSDT recipients, payment will not be made by the Texas Medical Assistance Program for more than one eye refraction per recipient, per every two state fiscal year (24 months) period. This limit applies only to determinations of visual acuity, not to other diagnostic services or to treatment of the eye for medical conditions. Diagnostic and treatment services provided by an optometrist are covered by the Texas Medical Assistance Program if the services are (1) within the optometrists scope of practice, as defined by state law, and (2) reasonable and medically necessary as determined by the single state agency or its designee. Other diagnostic and treatment services provided by a physician are described elsewhere in this State Plan.

Optometric services provided in skilled or intermediate care facilities are reimbursable by the program if the recipient's attending physician has ordered the service(s) and the order is included in the recipient's medical records at the nursing facility.

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## 6.c. Chiropractic Services.

Chiropractic services are available only to EPSDT eligible recipients under the age of 21 years. Coverage of chiropractic services is limited to services that consist of necessary treatment or correction by means of manual manipulation of the spine, by use of hands only, to correct a subluxation demonstrated by x-ray to exist. The x-ray must be done prior to such treatment. The chiropractor must be licensed to practice when and where the services are performed and must meet the uniform minimum standards performed and must meet the uniform minimum standards promulgated by the Secretary of the Department of Health and Human Services under Title XVIII of the Social Security Act.

Coverage for such treatment is limited to no more than 12 visits per recipient per 12 consecutive month period. A 12 consecutive month period begins with the first month in which services are provided. \*

Documenting x-rays will be kept on file and are subject to utilization review and audit procedures. Coverage of chiropractic services will be determined by the single state agency or its designated agent in accordance with the regulations, rules, and procedures governing chiropractic services under Part B of Title XVIII of the Social Security Act. Coverage does not extend to the diagnostic, therapeutic services or adjunctive therapies furnished by a chiropractor or by others under his or her orders or direction. This exclusion applies to the x-ray taken for the purpose of determining the existence of a subluxation of the spine. Additionally, braces or supports, even though ordered by an M.D. or D.O. and supplied by a chiropractor, are not reimbursable items.

SUPERSEDES: TN 91-33

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## 6.d. Other Practitioners' Services.

Audiologists' Services. Audiologists' services for the provision of hearing aids only. See Item 12.c.

## 6.e. Psychologists' Services. Services provided by a licensed psychologist are available only to EPSDT eligible recipients under the age of 21 years unless allowed in another section of the state plan. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements.

Psychological counseling and services provided by a licensed psychologist are covered if the services (1) are within the psychologist's scope of practice, as defined by state law; and (2) would be covered by the Texas Medical Assistance Program when they are provided by a licensed physician (M.D. or D.O.).

Psychologists' services must be provided by a licensed psychologist enrolled in and approved for participation in the Texas Medical Assistance Program. A psychologist is defined as a person who is licensed to practice as a psychologist in the state in which the service is performed.

Services performed by a psychological assistant or associate are not benefits of the Texas Medical Assistance Program.

Licensed psychologists who are employed by or remunerated by a physician, hospital, facility, or other provider may not bill the Texas Medical Assistance Program directly for psychologists' services if the billing would result in duplicate payment for the same services. If the services are covered and reimbursable by the program, payment may be made to the physician, hospital, or other provider (if approved for participation in the Texas Medical Assistance Program) who employs or reimburses the licensed psychologist. The basis and amount of Medicaid reimbursement depends on the services actually provided, who provided the services, and the reimbursement methodology utilized by the Texas Medical Assistance Program as appropriate for the services and provider(s) involved.

SUPERSEDES: ON 90-05

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- 6.d.(5) Licensed Master Social Worker-advanced Clinical Practitioner (LMSW-ACP) Services. Mental health counseling services for emotional disorders or conditions provided to Medicaid eligible clients by a licensed master social worker-advanced clinical practitioner (LMSW-ACP) are covered services. Services provided by an LMSW-ACP are available only to EPSDT eligible recipients under the age of 21 years unless allowed in another section of the state plan. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements. To be payable, the services must be reasonable and medically necessary as determined by the single state agency or its designee.

To be considered for reimbursement by the Texas Medical Assistance Program LMSW-ACPs must be licensed as a master social worker and be recognized as being qualified for the practice of clinical social work by the Texas State Board of Social Worker Examiners. These providers must comply with all federal and state laws and regulations governing the services provided.

Participating LMSW-ACPs must be enrolled in Medicare and the Texas Medical Assistance Program and comply with all of the terms of the provider agreement and all of the regulatory provisions published by the single state agency or its designee.

LMSW-ACPs who are employed or remunerated by another provider may not bill the Texas Medical Assistance Program directly for counseling services if that billing would result in duplicate payment for the same services.

- 6.d.(6) Licensed Professional Counselor (LPC). Mental health counseling services for emotional disorders or conditions provided to Medicaid eligible clients by a licensed professional counselor (LPC) are covered services. Services provided by an LPC are available only to EPSDT eligible recipients under the age of 21 years unless allowed in another section of the state plan. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements. To be payable, the services must be reasonable and medically necessary as determined by the single state agency or its designee.

To be considered for reimbursement by the Texas Medical Assistance Program, LPCs must be licensed by the Texas Board of Examiners of Professional Counselors in accordance with the Texas Licensed Professional Counselor Act. These providers must comply with all federal and state laws and regulations governing the service provided. Participating LPCs must be enrolled in the Texas Medical Assistance Program and comply with all of the terms of the provider agreement and all of the regulatory provisions published by the single state agency or its designee.

SUPERSEDES TN 00-02

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## 6.d.(6) continued

LPCs who are employed or remunerated by another provider may not bill the Texas Medical Assistance Program directly for counseling services if that billing would result in duplicate payment for the same services.

- 6.d.(7) Licensed Marriage and Family Therapist (LMFT). Mental health counseling services for emotional disorders or conditions provided to Medicaid eligible clients by a licensed marriage and family therapist (LMFT) are covered services. Services provided by an LPC are available only to EPSDT eligible recipients under the age of 21 years unless allowed in another section of the state plan. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements. To be payable, the services must be reasonable and medically necessary as determined by the single state agency or its designee.

To be considered for reimbursement by the Texas Medical Assistance Program, LMFTs must be licensed by the Board of Examiners of Marriage and Family Therapists in accordance with the Texas Licensed Marriage and Family Therapist Act. These providers must comply with all federal and state laws and regulations governing the service provided.

Participating LMFTs must be enrolled in the Texas Medical Assistance Program and comply with all of the terms of the provider agreement and all of the regulatory provisions published by the single state agency or its designee.

LMFTs who are employed or remunerated by another provider may not bill the Texas Medical Assistance Program directly for counseling services if that billing would result in duplicate payment for the same service.

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## 12.c. Prosthetic Devices

## Hearing Aids

For Medicaid recipients age 21 years and older, hearing aid services are limited to hearing evaluations only. In accordance with the specifications, limitations and other conditions established by the single state agency, payment will be made for appropriate hearing evaluations.

Recipients under the age of 21 years and eligible for EPSDT services may receive hearing evaluations, appropriate hearing aids, and follow-up visits when hearing loss and the need for a hearing aid have been determined by a physician licensed to practice medicine or osteopathy in the state where and when the service is performed. Hearing aid services must be furnished by approved providers. Providers must meet applicable Federal and State licensing laws and rules where, when, and for the service(s) provided. In addition, audiologists must be currently certified by the American Speech-Language Hearing Association or meet the Association equivalency requirements.

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## 12.d. Eyeglasses.

Eyeglasses provided with limitations. These services are available to EPSDT eligible recipients under the age of 21 years as described in section 4.b. Implementation of this limitation will be effective October 16, 2003 due to payment system changes required for compliance with HIPAA requirements.

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